SLIDING FEE SCALE - July 2022

- **CLINIC VISITS**
- NEXPLANON INSERTION/REMOVAL IUD INSERTION/REMOVAL
- **PATIENT DATA COLLECTION**

OFFICE OF MATERNAL, CHILD AND FAMILY HEALTH **FAMILY PLANNING PROGRAM** 350 Capitol Street, Room 427 Charleston, West Virginia 25301-3714

			POVERTY LEVEL	Federal Registe	er/Vol. 87, No.14/Jan. 21, 2022
Family Size	100%	100%+1 to 150%	150%+1 to 200%	200%+1 to 250%	250%+1/Private/Insurance Patient
1	\$1,132	\$1,133 - \$1,698	\$1,699 - \$2,264	\$2,265 - \$2,830	\$2,831+
2	\$1,525	\$1,526 - \$2,287	\$2,288 - \$3,050	\$3,051 - \$3,812	\$3,813+
3	\$1,919	\$1,920 - \$2,878	\$2,879 - \$3,838	\$3,661 - \$4,797	\$4,798+
4	\$2,312	\$2,313 - \$3,468	\$3,469 - \$4,624	\$4,417 - \$5,780	\$5,781+
5	\$2,705	\$2,706 - \$4,057	\$4,058 - \$5,410	\$5,175 - \$6,762	\$6,763+
6	\$3,099	\$3,100 - \$4,648	\$4,649 - \$6,198	\$5,931 - \$7,747	\$7,748+
7	\$3,492	\$3,493 - \$5,238	\$5,239 - \$6,984	\$6,687 - \$8,730	\$8,731+
8	\$3,885	\$3,886 - \$5,827	\$5,828 - \$7,770	\$7,443 - \$9,712	\$9,713+
NOTE: FOR EACH ADDITI	. ,		ψ3,020 - ψ1,110	ψ1,440 - ψ3,112	ψ5,7 15+
	\$393	\$589	\$786	\$982	\$982+
CLINIC VISITS		PAT	TENT PAYMENT TO CLINIC		
	100%	100%+1 to 150%	150%+1 to 200%	200%+1 to 250%	250%+1/Private/Insurance Patient Maximum Allowable Amount
Interim/Cont.	\$0	\$10.57	\$21.12	\$31.69	\$45.00
Problem Med.	\$0	\$18.14	\$36.29	\$54.44	\$165.00
Annual	\$0	\$25.23	\$50.47	\$75.70	\$235.00
Initial	\$0	\$34.02	\$68.08	\$102.10	\$352.00
		PRO	OGRAM PAYMENT TO CLINI	С	
	100%	100%+1 to 150%	150%+1 to 200%	200%+1 to 250%	250%+1/Private/Insurance Patient Maximum Allowable Amount
Interim/Cont.	\$42.24	\$31.69	\$21.12	\$10.57	\$45.00
Problem Med.	\$72.59	\$54.44	\$38.67	\$18.14	\$165.00
Annual	\$100.94	\$75.70	\$50.47	\$25.23	\$235.00
Initial	\$136.13	\$102.10	\$68.08	\$34.02	\$352.00
NSERTIONS AND REM	IOVALS				
NEXPLANON INSERTION	ON/REMOVA	L PAT	TENT PAYMENT TO CLINIC		ı
Insertion/Removal	\$0	\$50.62	\$101.23	\$151.83	\$241.00
		PRO	GRAM PAYMENT TO CLINI	С	1
Insertion/Removal	\$202.48	\$151.83	\$101.23	\$50.62	\$241.00
UD INSERTION/REMO	VAL	PAT	IENT PAYMENT TO CLINIC		
Insertion	\$0	\$38.50	\$77.01	\$115.54	\$255.00
Removal	\$0	\$18.20	\$36.34	\$54.53	\$165.00
		PRO	OGRAM PAYMENT TO CLIN	С	Ī
Insertion	\$154.03	\$115.54	\$77.01	\$38.50	\$255.00
Removal	\$72.69	\$54.53	\$36.34	\$18.20	\$165.00
PATIENT DATA COLLE	CTION	PRO	OGRAM PAYMENT TO CLIN	С	
Completion of Patient Data Form and entry into FPEDS for <u>all reproductive health patients</u> , regardless of payment method. Payment is per patient.					\$5.00

